

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 175  
Registered No. 33

**1. PLACE OF BIRTH**

County Gila State Ariz.  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** Maria Ordaz

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 2-23-1929  
Month Day Year

**8. FATHER**  
Full name Louis Ordaz  
9. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.  
10. Color or race Mex. 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Morenci Ariz.  
(State or country)  
13. Occupation Miner  
Nature of industry

**14. MOTHER**  
Full maiden name Francisca Rio  
15. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.  
16. Color or race Mexican 17. Age at last birthday 35 (Years)

18. Birthplace (city or place) Mexico  
(State or country)  
19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 4  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 3  
(b) Born alive but now dead 1  
(c) Stillborn 0  
21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 6:00 P.m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper  
Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Globe, Arizona  
Filed 3/8 1929 H. E. Wightman  
Registrar

469-223-692